## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Mar 15, 2007 08:00 AM

DOCUMENT # P03000089546  1. Entity Name ROBERT BARNARD, INC.					Secretary of Stat			
1615 FREDI	ce of Business ERICA AVENUE R, FL 33756	Mailing Address 1615 FREDERICA AVENUE CLEARWATER, FL 33756			80101 NA 11160 NAU BONA DAU BO	HK BERBERUNT KUNT BUKK BURU ENKERGER	ırı	
Ē	OO NOT WRITE	IN THIS SPA	CE	02072		CR2E034 (11/05)		
,	6. Name and Address of Current Re			45	-0521536 ificate of Status Desired	Not Appl \$8.75 Additional Fee Required	licable	
5999 CEN SUITE 202 ST. PETE	RPORATE SERVICES, INC. ITRAL AVENUE 2 RSBURG, FL 33710 In named entity submits this statement for the tions of registered agent.	e purpose of changing its registers	ed office or reg	. 11	O NOT W N THIS SF or both, in the State of Fix	PACE	ccept	
SIGNATURE.	Signature, typed or printed name of registered agent and	fille if applicable. (NOTE: Registered	d Agent signature rec	quired when reinsta	ang)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu				\$5.00 May Added to Fee	Be 3			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF P/D BARNARD, ROBERT 1615 FREDERICA AVENUE CLEARWATER, FL 33756	IECTORS				000667163 07-80017-014 15	5 <b>0.</b> O	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				D	O NOT W	RITE		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #